

Healthy Connections Prime FAQs for Nursing Facilities



Healthy Connections Prime is a program for South Carolina seniors 65 and older with Medicare and Healthy Connections Medicaid. It is designed to integrate all the services of Medicare, Medicare Part D and Medicaid into a single set of benefits fully managed by a Medicare-Medicaid Plan (MMP). Healthy Connections Prime is a demonstration project jointly administered by Centers for Medicare and Medicaid Services (CMS) and the South Carolina Department of Health and Human Services (SCDHHS).

Introduction

Who is eligible for Healthy Connections Prime?

In general, individuals who meet all of the following criteria will be eligible for Healthy Connections Prime:

- Age 65 years old or older and live in the community at the time of enrollment;
- Entitled to Medicare Part A and enrolled in Parts B and D;
- Eligible for full Medicaid benefits;
- Not currently in hospice or receiving treatment for end-stage renal disease;
- Not currently under an approved Medicaid-sponsored Long Term Care (LTC) stay; or
- Meeting the above criteria and enrolled in the Community Choices Waiver, HIV/AIDS Waiver and Mechanical Ventilator Dependent Waiver.

Note:

- Beneficiaries currently in a nursing facility under a Medicare skilled stay **are eligible** for Healthy Connections Prime and Healthy Connections Prime members who develop a need for a Medicaid-sponsored LTC stay can remain in the program if medically necessary.
- Healthy Connections Prime members who develop a need for hospice care or end-stage renal disease treatment can remain in the program.

Questions or concerns about eligibility can be sent to PrimeProviders@scdhhs.gov.

How is this different from other programs?

Healthy Connections Prime is a new program that offers the following benefits to providers who have dual-eligible patients:

1. **One card** (verify eligibility/coverage for only one program)
2. **One party to bill** (no sequential billing - submit claim to one entity, payment comes from one entity)
3. **One point of contact** regardless of service type (i.e., Medicare, Medicaid, Part D)
4. **Coordination of all member medical and non-medical needs**
 - Care coordinators can help members who return home
 - Leverage member's integrated care team, including the member's care coordinator
 - Address psychosocial needs through community referrals and home and community-based services (e.g., home-delivered meals, support for caregivers, minor home repairs or modifications)
 - 6-month continuity of care for new members
 - Provide data to better understand member circumstances
5. **No coinsurance fees** for Medicare Part A and B related services; \$0 copays for covered prescription drugs;
6. **Value-based payments opportunities** for better health outcomes (pay for performance)

Comparison Chart

The following table compares relevant features of Healthy Connections Prime for Medicaid-Sponsored Long Term Care or custodial care to other Healthy Connections Medicaid programs. NOTE: The comparison chart below does not apply to Medicare Skilled Nursing stays.

Category	Healthy Connections Prime	Medicaid Managed Care	Medicaid Fee-For-Service
Level of Care Determination required	✓	✓	✓
Prior authorization required	✓	✓	No
Length of LTC stay	Unlimited (as medically necessary)	Limited benefit	Unlimited (as medically necessary)
Access to a Care coordinator	✓	✓	No
Stay counted toward Medicaid Permit Days	No	No	Yes (excluding first 6 months of complex care)
Collection of Patient Liability	✓	✓	✓
Prescription Drugs	\$0 for drugs, including LTC pharmacies	Varies by MCO	\$0 for drugs, including LTC pharmacies

Billing and Claims Processing

How are claims processed?

Claims should be submitted to the MMP identified through the SCDHHS eligibility verification system (Webtool). Providers should contact each MMP above for specific questions regarding billing.

Reimbursements from MMPs constitute payment in full, including any coinsurance or bad debt obligations. MMPs are only required to reimburse providers for bad debt at the same percentage providers may have received under fee-for-service Medicare. For skilled nursing facilities, the allowable Medicare bad debt amount is 65 percent.

How is patient liability determined and collected?

There is no change in how patient liability is determined under Healthy Connections Prime. Providers will continue to collect the identified amount directly from residents. MMPs will deduct the pre-determined patient liability from the provider reimbursement.

Contracting and Out-of-Network Provisions

What about continuity of care? Can I serve patients who join Healthy Connections Prime even if I am not participating?

It is possible for members to receive care from Out-of-Network nursing facilities. MMPs may offer a single-case agreement or full contract in order to provide reimbursement. MMP Care Coordinators will work with facility staff to support continuity of care and limit disruptions.

How do I join a Healthy Connections Prime provider network?

Providers are encouraged to join the multiple Healthy Connections Prime networks in order to provide continuous care to existing patients and to be part of this important initiative to coordinate care. Please contact the representatives listed below to learn more about how you can become a Healthy Connections Prime network provider.

 Donald Pifer dpifer@centene.com (803) 933- 3779	 Cecil Webb cwebb@selecthealthofsc.com (843) 414-5112	 Kimberly Coad-Ascue Kimberly.coad-ascue@molinahealthcare.com (843) 740-6013
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For More Information

Visit our Provider FAQs page and the Provider Toolkit on our website (<http://www.scdhhs.gov/prime>) to learn more details about the program and how you can participate. Additionally, you can email PrimeProviders@scdhhs.gov for help with a specific question or concern.